COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:
TYPE OF DECLARATION
This declaration is of the following type: (check one applicable item below)
X original design supplemental
Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do <u>not</u> check next item; check appropriate one of last three items.
X national stage of PCT
Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
divisional continuation continuation-in-part (CIP)
INVENTORSHIP IDENTIFICATION
WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:
TITLE OF INVENTION
LAMP AND BULB FOR ILLUMINATION AND AMBIANCE LIGHTING
·

SPECIFICATION IDENTIFICATION

the specific	ation of which: (complete (a), (b) or (c))		
☐ (a) is attached hereto.		
(b) was filed on as Express Mail No. (as Serial No. not yet		_ or
	and was amended on		
accor are t amen CFR	ndments filed after the original papers are deposited a filing date by being referred to in the Deshose filed with the application papers or, in the idments claiming matter not encompassed in the 1.67.) was described and claimed in PCT Interpretations.	eclaration. Accordingly, the amend he case of a supplemental Declara e original statement of invention or contact the contact of the contact	ments involved tion, are those claims. See 37 /USO4/21532
	filed on $\frac{7/2/04}{(if any)}$ and as amend	ed under PCT Article 🎉 on _	2/2/05
ACH	NOWLEDGEMENT OF REVIEW OF P	APERS AND DUTY OF CAN	DOR
	ate that I have reviewed and understan, including the claims, as amended by a		
	lge the duty to disclose information, who of Federal Regulations, § 1.56,	nich is material to patentabilit	y as defined
	(also check the following it	ems, if desired)	
	and which is material to the examination where there is a substantial likelihor consider it important in deciding whether patent, and	ood that a reasonable Exam	iner would
	in compliance with this duty, there statement, in accordance with 37 CFR		disclosure
	PRIORITY CLAIM (35 U.S	.C. § 119(a)-(d))	
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I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(comp	lete	(d)	or	(e))	Ì

	(d) no such applications have been filed.
	(e) such applications have been filed as follows.
Note:	Where item (c) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT	APPLICATION NUMBER	DATE OF FILING (day/month/year)	PRIORITY CLAIMED UNDER 35 USC 119
us	60/483,913	02 July 2003	X YES NO
			☐ YES NO ☐

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

FILING DATE	
02 July 2003	

(6 MONTHS FOR I	• • • •	

ALL FOREIGN APPLICATION(S) IF ANY FILED MORE THAN 12 MONTHS

If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (list name and registration number).

RODRICK, Richard J., Reg. No. 26,985; HOUSER, David J., Reg. No. 29,172; MILLER, Robert A., Reg. No. 26,956; CHAPMAN, Kristin L., Reg. No. 38,102; MEIER, Linda Blair, Reg. No. 39,769; McDONALD, Frank B., Reg. No. 28,738, MAURER, Brant T., Reg. No. 53,285

Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

S. C. JOHNSON & SON, INC. ATTN: Robert A. Miller 1525 Howe Street, MS077 Racine, Wisconsin 53403

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

(262)260-<u>4975</u>

.FAX NUMBER: (262)260-4253

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

н.	Fisk	Johnson, III (Family (or Last) Name)	
(Given Name)	(Middle Initial or Name)		
Inventor's signature		<u> </u>	
Date	Country of Citizenship	USA	
Residence Racin	e, WI 53403,		
Post Office Address	555 Main Street, Suite 500		
	Jos Hain Bereet, Dares 300		

Page 4 of #

Full name of second joint inventor, if any Porchia (Given Name) (Middle Initial or Name) (Family (or Last) Name) Inventor's signature___ Date ___Country of Citizenship____ USA Residence ___ Greenfield, WI 53228 Post Office Address 11787 Armour Court Full name of third joint inventor, if any Barry Calpino (Given Name) (Middle Initial or Name) (Family (or Last) Name) Inventor's signature____ ____Country of Citizenship____ Date__ USA Residence Racine, WI 53402 Post Office Address 4214 Matthew Drive Full name of fourth joint inventor, if any Jeffrey Wolf (Given Name) (Middle Initial or Name) (Family (or Last) Name) Inventor's signature____ Date____ ____Country of Citizenship___ USA Residence Racine, WI 53406 Post Office Address 6443 Anforest Lane Full name of fifth joint inventor, if any (Given Name) (Middle Initial or Name) (Family (or Last) Name) Inventor's signature____ Date_____Country of Citizenship__ Residence____ Post Office Address____